



Mae Costello, Lac  
6018 SE Stark St, Portland, OR 97215  
Phone: 503-808-9145 | Fax: 503-473-8085  
www.vitalhealthbody.com

\_\_\_\_\_ Cancellation Policy  
initials

Should you have to cancel an appointment, we require a 24-hour advance cancellation notice. We also understand that certain emergent situations prevent one from having 24 hours in which to cancel an appointment. In those cases, a phone call informing us of your inability to make your appointment is appreciated.

Failure to keep your scheduled appointments and appointments cancelled without 24-hour notice (or a phone call in emergent situations) are subject to a \$50.00 fee.

\_\_\_\_\_ Acknowledgement of Receipt of the Notice of Privacy Practices  
initials

I have received the NOTICE OF PRIVACY PRACTICES from Mae Costello, L.Ac., which describes how she may use and disclose my protected health care information to carry out treatment, payment of services, health care operations, and other purposes that are allowed by law. This Notice also describes my patient rights and Mae Costello, L.Ac.'s requirements to protect my health information.

Mae Costello, L.Ac. reserves the right to change the privacy practices that are described in the NOTICE OF PATIENT PRIVACY PRACTICES. All changes will be posted in the office. I understand that I may request a copy of this notice at any time and discuss its contents. The most current copy of the notice will be posted in the office.

-----  
Signature of Patient or Personal Representative

Date

-----



Mae Costello, Lac  
6018 SE Stark St, Portland, OR 97215  
Phone: 503-808-9145 | Fax: 503-473-8085  
[www.vitalhealthbody.com](http://www.vitalhealthbody.com)

Printed Name of Patient or Personal Representative      Date